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ABSTRACT

This program guide was prepared by the National Clearinghouse for Alcohol Information of the National Institute on Alcohol Abuse and Alcoholism. Its purpose is to assist program planners in the development of strategies to minimize the abuse of alcoholic beverages by youths. It provides information and direction to: (1) youth-serving organizations wanting to add an alcohol education component to ongoing programs; (2) educational institutions wanting to examine alcohol use among their students and develop strategies to minimize its abuse; and (3) any community group interested in directing their resources to reducing alcohol abuse by young people. It might also be of value to alcohol program planners and community or private foundations. The booklet is designed to be adapted to the needs of the individual community. Topics covered include trends in drinking behavior, strategies for change, implementation considerations, and program development. The guide also includes a list of programs and contact addresses. (BP)

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GUIDE TO ALCOHOL PROGRAMS FOR YOUTH

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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ABOUT THIS GUIDE

This program guide has been prepared by the National Clearinghouse for Alcohol Information of the National Institute on Alcohol Abuse and Alcoholism to assist program planners in the development of strategies to minimize the abuse of alcoholic beverages by youths. The guide is not a package of easy answers. It will give information and direction to youth-serving organizations wanting to add an alcohol education component to ongoing programs; to educational institutions wanting to examine alcohol use among their students and develop strategies to minimize its abuse; or to any community group interested in directing their resources to reducing alcohol abuse by young people. An alcohol program planner may use parts of the guide to help develop the rationale of a proposal for funding a youth project. A community or private foundation may become familiar with alcohol programs for youths by reading the guide. However, this guide is just a beginning. People must work to unravel the complex social and health issues related to alcohol misuse. Each community should examine its own cultural patterns and attitudes toward alcohol and begin to see the impact of these on teenage drinking behavior. Program ideas can then be designed to meet the unique needs of each community. Possibilities for programs are unlimited. With creativity and leadership, project ideas can become a reality.

YOUTHFUL ALCOHOL USE

Alcohol use and misuse among teenagers have recently been the target of much media attention and national concern. Numerous stories have appeared in hundreds of publications and television news shows throughout the country on teenage alcoholism, alcohol as the "drug of choice" of young people, students

drinking while in school, and the impact of a lowered legal drinking age on traffic accidents. This publicity has resulted on the one hand in a panic similar to the drug scare of the early 1970's, and on the other in genuine concern among people in contact with youths to discover what is happening and what should be done about it.

Trends in Adolescent Drinking Behavior

In an effort to discover the nature of drinking behavior among adolescents, a national survey was undertaken by the Center for the Study of Social Behavior for the National Institute on Alcohol Abuse and Alcoholism. The final report of April 1975 states that about 74 percent of the adolescent population[1] have had a drink more than two or three times in their lives. Of the adolescents surveyed, one-half of whom are under 16 years of age, 54.8 percent drink once a month or more often and another 23.3 percent drink once a week or more often, with beer being the most frequently chosen beverage. On various scales to indicate problem drinking, the adolescents rank as follows:

- Almost 1 out of 4 (24.1 percent) reported having been drunk four or more times during the previous year. This frequency for drunkenness was three or four times greater than for all drinkers.
- In reporting negative consequences of drinking, 17.1 percent of the youths mentioned difficulties with friends and 10.4 percent cited criticism from dates as a result of their drinking. Trouble with police was mentioned by 7 percent of the respondents and trouble with school personnel by 4.9 percent.

[1] National probability sample of all junior and senior high school students in grades 7-12 in the contiguous 48 states and the District of Columbia.

- 40 percent of the students reported drinking in cars and 15.9 percent reported driving after having had a "good bit to drink."
- 35 percent of the students said they drink alone at least sometimes.
- 2.5 percent judged their drinking to be a "considerable" or "serious" problem while 9.7 percent stated they found their drinking to be a "mild" problem.

As in studies conducted at the local level, this national survey indicates that boys drink with greater frequency and in greater quantities than do girls. However, there appears to be a noticeable shift toward more adolescent girls drinking alcoholic beverages than in previous samples.

As expected, the quantity and frequency of alcohol consumption increase with age. A dramatic shift from abstaining to drinking occurs between ages 13 and 17.

White adolescents have the highest proportion of drinkers and blacks the smallest proportion. American Indian youths have the highest proportion of heavy drinkers[2] (16.5 percent), followed by Orientals (13.5 percent), Spanish (10.9 percent), whites (10.7 percent), and blacks (5.7 percent).

Drinking levels vary little by region of the country, and though some research indicates that drinking levels vary inversely with urbanization level, such differences did not show up significantly in the present study.

It should be noted that these data do not include high school dropouts, and studies indicate that the dropout population has a higher proportion of drinkers than the in-school population. The level of alcohol consumption by teenagers is probably underestimated because of this.

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[2]As defined in this survey, heavy drinkers drink at least once a week and 5-12 drinks per occasion.

TOWARD UNDERSTANDING ADOLESCENT ALCOHOL USE

The number of adults who drink has increased steadily since the 1940's,[3] and the consumption of alcoholic beverages has increased.[4] It should not be astonishing, then, that the number of teenage drinkers is also on the rise. However, because of the unique position that teenagers hold in this society, being expected to perform by adult standards in some instances and being denied the privileges of adult status in others, the use of alcohol by youths -- as a symbol of adulthood -- holds special significance. In other words, a certain amount of drinking by an 18-year-old is considered "normal," while the same drinking pattern in a 15-year-old may be "problematic."

It is within this framework that one must consider teenage alcohol consumption. A youth, by virtue of age, has a drinking problem by some definitions simply because he or she may be performing an illegal activity. In the absence of personal or social consequences, the same youth is exhibiting behavior accepted by his culture. This confusion of what is "normal" behavior can lead to the assumption that many adolescents are suffering from the illness of alcoholism and must be "cured." A more realistic assessment of the nature and patterns of youthful alcohol use in a community is necessary before sensible plans for intervention can be developed.

The lack of agreed-upon social norms for alcohol consumption greatly influences teenagers' drinking behavior. In some societies, such as Orthodox Jew or Italian, young people are introduced to drinking in carefully defined social situations. Alcohol is used in these societies in conjunction with

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[3]Department of Health, Education and Welfare. First Special Report of the U.S. Congress on Alcohol and Health, 1971, DHEW Publication No. (ADM) 74-68.

[4]Statistics on Consumption of Alcohol and Alcoholism, Rutgers Center of Alcohol Studies, New Brunswick, New Jersey, 1974.

family, religious, or social activities, and drunken behavior is frowned upon. In these societies the incidence of drinking problems is low. The situation is quite different among other groups in the United States. Instead of youths learning about the safe use of alcohol, as many as half of our high schoolers report participation at least once a month in unsupervised activities where alcoholic beverages are present.[5] Many teens are left to the trial-and-error method to learn how the drug alcohol will affect them. Since most teenagers have little knowledge of the effects of alcohol on the body, it is not surprising that as many as 40 percent report drinking in cars.

The adolescent years are years of achieving independence and forming intimate relationships with other people. Alcohol use certainly impacts on this development. Since access to and use of alcohol are forbidden to many teenagers, alcohol becomes a natural item with which to experiment in the process of becoming more like an adult. A teenager struggling with contradictory feelings of dependence and independence may view alcohol as an easy means to "instant maturity." At the same time the youth can defy the stated societal norms while fearing few consequences from adults, who may also be unclear about their own expectations of teenage drinking.

The development of mature, satisfying relationships is a complex task, and many adults have experienced the easing of tensions that alcohol use produces in an uncomfortable social situation. An adolescent experiences the same "oiling of social waters." Unfortunately, alcohol use by youths can produce an illusion of getting along with others and thus become a way to avoid a developmental task.

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[5] U.S. Department of Transportation, National Highway Traffic Safety Administration, Communications Strategies on Alcohol and Highway Safety, Vol. II, 1975, DOT HS 801 401.

The onset of drinking by adolescents seems to occur at about the same time as other indicators of transition to adulthood behaviors. These areas of "sociopsychological readiness to drink" include an increase in general deviant behavior and an increase in tolerance toward deviant behavior in others, a decline in value placed on school achievement, and involvement with greater numbers of friends who drink or approve of drinking.[6] Beginning to drink alcoholic beverages is not an isolated event in the youngster's life, but more likely one of many behaviors to be tried on the road to adulthood.

The fact that alcohol use by youths is one of many changes with which the adolescent is learning to cope is often overlooked. When adolescent alcohol use is viewed as one fraction of the growth process, adults can discover ways to intervene -- to share knowledge and experience of the pleasures and hazards of alcohol use so teenagers do not have to rely solely on their own experimentation to discover levels of safe and moderate drinking should they choose to use alcohol.

It should be apparent then that drinking by teenagers is influenced both by individual personality characteristics and the environment in which they have grown and have begun to drink. Programs aimed at minimizing the misuse of alcohol by youths must consider the complexity of drinking behavior and focus on factors contributing to alcohol misuse by teenagers in the location the program is to serve.

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[6]Jessor, Richard, and Jessor, Shirley. Adolescent development and the onset of drinking, Journal of Studies on Alcohol, 36:1, 1975.

TARGET AREAS FOR ALCOHOL AND YOUTH PROGRAMS

Personal Development

An individual's social skills and strengths, as well as knowledge, among other factors, will influence his or her ability to make responsible decisions about the use or nonuse of alcohol in a variety of situations. Adolescents who feel good about themselves and their ability to handle themselves around others are less likely to abuse alcohol if they choose to drink than their peers who do not have this positive self-concept. Teens who are aware of differences in people's value systems and are clear about their own and their families' expectations of them are less likely to be confused by the variety of influences on their drinking choices. Youths who have some knowledge about the effects of alcohol in their bodies are less likely to be swayed by folk myths surrounding alcohol or to use alcohol in a way that will interfere with things they consider important. Teenagers who have other outlets are less likely to seek social situations where the only activity is drinking.

Certainly these statements suggest a variety of programming ideas that can be aimed at individuals or groups. Personal development might include education on the facts about alcohol and how it acts in the body or information on how to consume alcohol in a way that its unpleasant effects are minimized. Encouragement of the pursuit of a variety of hobbies or sports activities and associated positive experiences can increase a youth's feeling of self-worth as well as provide alternatives to drinking. Existing programs can add components on various interactive or affective skills thereby contributing to a youth's overall personal development and enhancing his or her ability to use alcohol in a way that is not harmful to anyone.

Environmental Change

Those of us who drink have certainly experienced different reactions to alcohol at different times. Aspects of the environment including the lighting, noise level, availability of food and "mixers," as well as how relaxed or stressful one feels all contribute to the effects we experience from alcohol consumption. Since drinking by adolescents is usually an unsanctioned activity, it is likely to be performed in a "hurry up so we don't get caught" atmosphere. This differs greatly from the adult experience of the relaxed sipping of drinks which allows a drinker to minimize the intoxicating effects of alcohol. Instead, teenagers may find themselves in situations where gulping, which lends to a rapid increase in blood alcohol level, is common. The settings in which teenagers drink certainly contribute to a high rate of drunkenness. Child development research demonstrates that behavior is strongly influenced by the context in which it is occurring, but very few studies have focused on contexts of drinking or the occasions of drinking.[7] Because drinking is often a part of culturally structured activities, the contexts and occasions of drinking seem to be areas for further examination.

If drinking is the only activity taking place, it is likely that alcohol will be consumed more rapidly and in greater quantities than in situations where drinking takes place in conjunction with another activity. A drinker who is eating, playing a game, or carrying on a conversation is more likely to spread his consumption over a period of time than the teenager out with friends for the purpose of getting drunk. When drinking is the only reason for getting together, it should come as no surprise if abusive drinking and drunkenness occur.

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[7] Cutler, R.E., and Storm, Thomas. Observational Study of alcohol consumption in natural settings, Journal of Studies on Alcohol, 36:9, 1975.

In light of the influence of environment on alcohol abuse, a community might consider the impact of its recreation or after-school programs and how they can be utilized to decrease alcohol misuse. Changes in the school environment to make it responsive to needs the students express can be a strategy that goes beyond preventing drinking problems to decreasing other problems as well. Parent education programs might discuss the possibilities of introducing youths to moderate and pleasurable alcohol use in conjunction with meals and family or supervised teen activities. This could certainly be a feasible undertaking in homes where drinking is accepted behavior and parental alcohol abuse is not a problem.

Specific and Nonspecific Strategies

It should be apparent that not all the strategies aimed at diminishing the abuse of alcohol actually include alcohol as a subject of discussion or primary element in the objectives of the program. Other programs, of course, focus mainly on the facts about alcohol or with whom, where, and when alcohol is consumed. The strategies that have alcohol as a main theme are referred to as "specific," and those whose focus may be another area but have the impact of lessening alcohol abuse are referred to as "nonspecific." This distinction is helpful in seeing the range of activities that fall into the area of the prevention of drinking problems.

In other words, it is not necessarily just those programs devoted to alcohol abuse prevention that will impact on the problem but also programs that promote individual growth or a more healthy environment that should be of interest to those in program planning and development. The accompanying table shows a variety of programming areas that may be considered by those interested in decreasing alcohol misuse.

Strategies to Minimize Alcohol Abuse

Personal Development

Specific	Nonspecific
Give the facts about beverage alcohol	Develop interactive skills (values clarification decisionmaking, etc.)
Educate adults to be responsible hosts/hostesses	Provide alternatives to substance abuse (yoga, sports, hobbies)
Develop sanctions against drunken behavior	Increase opportunities for social contacts for isolated individuals

Environment Change

Specific	Nonspecific
Examine legislation concerning where, when, and how alcohol may be sold and consumed to see if it could be changed to reduce alcohol abuse	Provide comfortable settings for youths to interact with adults on nonjudgmental basis (rap group, drop-in center)
Arrange settings where alcohol is consumed to minimize abuse (lighting, seating arrangement, music, food)	Increase opportunities for recreation
Change cultural meaning of drinking -- encourage drinking in conjunction with other activities, discourage it as focus of activity Decrease consequences of abuse (provide rides home for intoxicated individuals)	Encourage education system to be more responsive to students' personal needs

CONSIDERATIONS FOR IMPLEMENTATION

Involvement of People

There are no absolute rules for programs concerned with youths' alcohol abuse, but the people who will be active in a program deserve careful selection

and training. Since programs addressing youthful alcohol use and misuse will often be planned and implemented by adults, it is imperative that these adults be aware of their own attitudes toward use of all drugs, drunkenness, and drinking patterns. It is only through an awareness of their own attitudes and those of others that people can begin to understand the influence that these values and feelings have on their work with youths. An awareness of community attitudes concerning drug usage is also important so the staff can win the concern and support of residents.

The involvement of concerned adults is vital to the success of any community effort to curb alcohol misuse since adult behavior provides a model for the behavior of youths. Often parents want someone else to solve a "youth problem" rather than become involved themselves. In this instance community education and development efforts should be undertaken by the program to gain the support and interest of parents.

Teenagers may resent a program being imposed on them in an authoritarian manner. Their participation and contribution to the planning process will be vital to the success of the program. Those youths designated as leaders by their peers, rather than by adults, may be the most appropriate ones to involve.

The more segments of the population that are involved and the more comprehensive the scope of a program, the better the chances for it to impact on a complex behavior such as drinking alcoholic beverages.

Special Interest Areas

Many program planners may wish to replicate projects that have already been tried, but others may wish to explore untested areas. For the latter

group here are a few worthwhile areas of service that are currently not receiving enough attention.

- Children of Alcoholic Parents

  A group of special interest to those whose aim is reducing the incidence of alcohol problems and its associated difficulties is children of alcoholic parents. It has been noted that these children are at high risk for developing problems with alcohol.[8]

  In a longitudinal study of multiproblem families, 7 percent of children of alcoholic parents and only 2 percent of children of nonalcoholic parents labeled themselves alcoholic. The children of alcoholics reported three times as many family problems and were more likely to come to the attention of social and legal agencies during their developmental years than children of nonalcoholics. The children of alcoholic parents were also more likely to have failed in marriage, in employment, and in their ability to support the themselves and their families in later life. So even when compared to parents of other multiproblem families, alcoholic parents seem to increase the degree of misery for their children.[9]

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[8] Department of Health, Education, and Welfare. First Special Report to the U.S. Congress on Alcohol and Health, 1971, DHEW Publication No. (ADM) 74-68.

[9] Miller, Dorothy. Family Problems, Social Adaptation and Sources of Help for Children of Alcoholic and Non-alcoholic Parents, Feb. 1976. (Scientific Analysis Corporation, 210 Spear St., San Francisco, CA 94105)

An area of great promise in which little has been done is intervention either before adolescence or when these youths are beginning to drink regularly. An operating treatment program might be an ideal place to add a component aimed directly at reaching this group of youngsters. Identification of children of alcoholic parents through other sources -- school, social service agency, or welfare agency -- can be difficult since the parent may be denying that an alcohol problem exists and is therefore opposed to the child entering a program in which alcoholism is the identified family problem. On the other hand, if the program is aimed at "troubled children" or children having school difficulties, the unique problems the child of an alcoholic parent faces may not be adequately explored.

- Dropouts

  Studies indicate that the dropout population has a higher proportion of drinkers than the in-school population.[10] It is difficult to know the exact number of dropouts. School retention rates show that about three-fourths of the students who were in fifth grade 8 years earlier graduated in 1974.[11] This leaves approximately one million young people who failed to graduate. Obviously these one million young people cannot be reached by regular in-school programs. Few strategies have been

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[10] Center for the Study of Social Behavior. Adolescent Drinking Behavior, Attitudes and Correlates, April 1975.

[11] National Center ofEducation Statistics. American Education, May 1975.

tried to reach this population. Some of the youths will attend high school equivalency classes or vocational, trade, or technical schools; these schools are not usually included in alcohol education programs. Various community agencies or groups -- schools, churches, mental health centers, police and courts-- may lend assistance in developing programs for dropouts where they work or seek entertainment. Since little work has been tried with dropouts, they might be a particularly challenging group for which to develop strategies.

- Media Approaches

  Of the alcohol education campaigns that have been developed for the media, few have been directed toward young people. Magazines and radio stations catering to a young audience have great potential for carrying messages aimed at the prevention of alcohol abuse. The involvement of a popular disc jockey, for example, might be an effective addition to a media campaign.

  Another prevention strategy aimed at youth that has been largely neglected is the use of mass media to carry subtle messages that indirectly relate to drinking attitudes and behavior. For example, a person in a group turning down a drink or a hostess offering a variety of beverages including some alcohol might have the positive effect of showing the desired behavior rather than constantly telling young people what to avoid.

  Media does have an effect on changing public attitudes and such potential should not be ignored.

PROGRAM MODALITIES

The variety of existing projects aimed at the minimization of alcohol abuse and alcohol problems is extensive. Unfortunately, a common deficiency in these programs is the lack of good evaluative research and longitudinal followup of program participants. All of the programs described here have been operating 2 years or less and their newness alone makes it difficult to judge their success. The programs have been selected for the soundness of the program rationale relative to the state of the art for such projects.

There are some common characteristics among the programs. These include:

1. The program staff have strong administrative skills as well as human, caring skills.
2. Most are demonstration projects receiving Federal funds. Obtaining grants from the private sector as a source of start-up funds is often an inadequately explored area. These innovative programs may have trouble attracting local funds for ongoing services before proving their worth.
3. Most began planning with a community-wide assessment of needs and include youths in the planning, implementation, and evaluation processes.
4. While schools play a role in some programs, they do not necessarily have lead responsibility.
5. All contain evaluation components.
6. The programs are not abstinence oriented unless they are treating and rehabilitating addicted persons.

A list of the programs including addresses appears at the end of this booklet.

Community Education

Involvement of the entire community in planning an alcohol education delivery system for youths has the advantage of educating many adults in the process. The local government and school administrations, police department, and court system can all be made aware of the alcohol problem and of how to be helpful in supporting the project. Teachers, health and mental health professionals, and members of church and community groups can all be included in the education efforts.

In Somerville, Massachusetts, a working-class community of 89,000 persons, the alcoholism program staff of the Cambridge-Somerville Mental Health Center were interested in expanding and evaluating the alcohol education efforts which were being carried out as part of a comprehensive community alcoholism program. Their program of community organization and development, alcoholism education, and alcohol education has resulted in mobilizing community support for an in-school education effort.

Program accomplishments have been the (1) establishment of a multidiscipline alcoholism committee working to develop community consensus on the goals of the alcohol education program; (2) training of caregivers in early identification of alcoholic persons and their families; (3) training of and consultation to teachers to give them skills to teach decisionmaking about the responsible use of alcohol; and (4) training of peer leaders to assist in classroom teaching, conduct rap groups in the school and community, and to provide outreach to youthful problem drinkers and to children of families with alcoholism.

A curriculum planning group of teachers trained in alcohol education is developing a pilot program which will be tested in the classroom during the 1976-1977 school year. This group's goal is to establish and implement a sequential alcohol education curriculum for kindergarten through twelfth grade.

Such a community-wide approach to implementing an in-school alcohol education curriculum should lead to community acceptance of alcohol education in the schools and to actual use of the curriculum in the classroom because of the special emphasis on training teachers.

Affective Skills Development

A decrease in alcohol abuse is expected by some to accompany the development of affective skills of youths. Affective skills include improvement of self-concept, appreciation of the values and attitudes held by others, decision-making skills, development of responsibility for self and others, encouragement of creative activity, and preparation to cope with a changing world. Activities aimed at accomplishing these developmental tasks can be incorporated into a variety of programs working with youths. Schools are often the first institution that comes to mind, but with the potential of service clubs and organizations to add the teaching of affective skills into their ongoing programs is tremendous. Adults can benefit too since affective skills development can be directed at families as well as youths.

The Akron YMCA decided to target on children aged 9-11, prior to junior high school where many decisions to drink or not to drink are made. In an effort to influence the decisionmaking process and raise conscious concern about alcohol abuse, the YMCA has developed a series of valuing strategies that can be used by group leaders, coaches, camp counselors, or any person

working with a group of youths or adults to go beyond the facts about alcohol. The valuing approach was selected because as values are developed and an individual becomes conscious of them, they can be utilized as criteria in making decisions and carrying out actions.

The YMCA project began by involving youths and youth leaders of the Akron Gra-Y Clubs and has now been extended so that YMCA and other youth leaders in many areas of the country can be trained in valuing strategies to be included as part of their regular program activities.

Alternatives

Animals offer us the model of preventing undesirable behavior in the young by diverting their attention toward an acceptable activity.[12] Alternative activities to the abuse of alcohol are limited only by the imagination of interested people who are willing to share their knowledge with others. Alternatives can include vocational skills, creative experiences, philosophical exploration, social or political involvement, religious experiences, or physical activities.

The Holland Patent, New York school system, was concerned with the problem of students drinking and driving long distances because of limited outlets for social interaction in this rural setting. In an effort to combat this community-designated concern, a variety of opportunities have been made available to youths and adults by utilizing school facilities in the evenings. The program is designed to foster responsibility and build self-image in participants. Youth recreation, mini-courses, and adult activities ranging from roller skating to dog obedience and macrame to basketball are offered by volunteer instructors. Many of the activities and courses are

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12 Dohner, V. Alton. Alternatives to drugs -- A new approach to drug education, Journal of Drug Education, March 1972.

conducted by the students. In addition, health education programs include Parent Effectiveness Training and values clarification. The program actively trains volunteers and school personnel in responsible use of alcohol and runs in-school programs emphasizing personal responsibility and development of health promotion behaviors. The program boasts a favorable community response and ever-increasing participation and was able to report no teenage drinking and driving deaths in the last year.

Curriculum Development and Teacher Training

In most states alcohol education in the schools is mandated by law. A flood of curricula on drugs and alcohol has been prepared, and health educators are calling for the development of still more. The worth and completeness of those that are available vary.

Drs. Gordon Lawrence and Lowell Sanders of the Florida Alcohol Education Project undertook an evaluation of 41 existing curricula. These curricula were judged by teachers for "teachability," by professionals in the alcohol field for content, and by community groups for acceptability and nonoffensiveness to minorities in their communities. The report of this evaluation should be helpful in judging the usefulness and effectiveness of any curriculum package on alcohol and alcoholism. (Copies available from Florida Alcohol Education Project, 518 Weil Hall, Institute for the Development of Human Resources, University of Florida, Gainesville, Florida 32611.) Another resource that reviews available curriculum guides is the annotated bibliography, Alcohol Education Materials, by Gail Gleason Milgram (Publications Division, Rutgers Center of Alcohol Studies, New Brusnwick, New Jersey). State departments of education also are good sources of materials used in the public schools.

Besides the development of usable materials, planners should stress teacher training, which encourages the implementation of the curriculum. Attention to the attitudes of parents, school administrators, and community group members is also essential if the curriculum is to be accepted in a school system.

The development of a curriculum for Intermediate School District #110 in Seattle, Washington, was undertaken after a survey showed that no school district had a comprehensive alcohol education curriculum and that no teachers had professional training in the subject matter. It was decided to produce a curriculum in a bright, attractive format and to offer intensive alcohol education training to one teacher in each school building. This teacher would then be responsible for implementing the curriculum and training other teachers in his or her building.

The curriculum package focuses on decisionmaking skills, values clarification, improving student self-concept, alternatives to alcohol abuse, and facts about the use and abuse of alcohol. The curriculum includes approximately 15 hours of activities per grade level. Each activity has a specified objective, and the area the activity will affect is listed, for example, develop self-concept or improve health skills. All necessary resources and instructions as well as evaluation materials are included. The inclusion of suggestions for how the activity may be incorporated into different subject areas is one of the outstanding components of this curriculum. Another good feature is the inclusion of "yellow pages," which contain extensive information about alcohol.

Peer Counseling

In an effort to use the influence of the peer group as a positive method

of drug abuse prevention, peer counseling allows the potential drug experimenter to exchange information with a peer instead of being talked to by adults. Peer counselors are trained in techniques of active listening, decisionmaking, and values clarification and may then assume the role of individual counselor or group leader for other teens or younger children.

The Dade County (Florida) school system has developed and supported Project PRIDE which has trained 5,000 peer counselors who have worked with more than 20,000 students to help them identify, clarify and work out personal "hassles." Each secondary school contains a "rap room," decorated by the students, where students can come to interact with each other in a nonjudgmental setting. Every junior and senior high school also has a resource specialist to assist teachers in working more effectively with students and to refer youths to community resource agencies if necessary.

Program evaluations have shown significant gains among participants in leadership skills and responsibility, positive self-concept, improved behavior, and improved teacher-pupil communications.

The program has also added a parents' communications workshop component which meets in the community to teach people how to live more successfully and to communicate more effectively. The workshop meets weekly for 10 weeks and focuses on interpersonal awareness rather than the negative aspects of drug abuse.

A unique thing about Project PRIDE is that it is funded by $1.2 million in local funds.

Another program using peer counseling techniques to inform young people about alcohol and to enable young people to increase their ability to solve problems constructively is Boys Harbor in New York City. Boys Harbor was

established in 1937 as an educational agency serving the youths of New York City. Initially the Harbor program was a summer camp educational experience for inner-city youths. During the 1960's, the program expanded to a year round, multifaceted educational program. The goal of the agency and all its programs is to help young people grow into whole persons who are confident, productive, and aware, and whose human potential is realized at an optimum rate.

The peer counseling program which is offered to junior and senior high school students entails a school class selecting their own peer counselors based on an agreed-upon definition of leadership. The peer counselors are trained in group processes and in methods of conducting group experiences and alcohol education. Supervision is provided to peer counselors who conduct a series of alcohol education-personal growth experiences within their class. Boys Harbor staff have also been able to reach members of young gangs with their personal growth training program.

Traditional Treatment Facilities

For those youths who have an identified drug or alcohol problem, a variety of services is needed. Most existing alcoholism treatment facilities are geared to treat adults and are unable to respond effectively to a youthful drug or alcohol problem. Some new programs are developing and existing ones are expanding their services to include younger clients.

Residential treatment following detoxification from an addicting substance has commonly been a means of helping the abusers maintain a drug-free existence and ready them to return to the community. Young addicts need special attention to overcome their unique concerns about return to family and school or job.

The Young People's Residential Center under the direction of the St. Louis County Welfare Department, Duluth, Minnesota, is trying to fulfill this special need. The Center provides primary and long-term treatment in a therapeutic community setting for chemically dependent persons aged 14 through 25. The program is designed to provide an alternative to medical model treatment provided in the state and general hospitals in the area. The Center strives to return youths to their families and involves family members from the time of the initial interview. Families are admitted as co-patients during 1 week of the 6-month treatment plan.

The program strives to teach their patients about the human body and help them explore alternatives to maintaining physical health. Acquiring knowledge and confidence to deal responsibly with life situations is also stressed. Formal education or training can begin at the Center as well as learning new social and recreational skills to supplement old patterns. The exploration of alternative lifestyles focuses on helping the patient abstain from mood-altering chemicals. Approximately 75-100 youths are treated yearly by two degreed and eight non-degreed professionals. Bookkeeping and evaluation support is available from the parent agency.

Nontraditional Treatment Facilities

Many programs impacting on adolescent drug or alcohol usage have a non-problem orientation. Substance abuse is seen as part of a youth's culture, while abuse is considered a symptom of the concerns that are part of the process of growing up. These programs hesitate to label participants "alcoholic" or "addict" since labels may deny the youth the opportunity to grow out of his problem. Since innovative programs usually help the client define

his own needs and move at his own pace.[13] Descriptions of two programs operating with this philosophy in very different communities follow.

- Drop-in Center - The newest component of the Fort Greene Community Corporation in Brooklyn, New York is a drop-in center for 12-19 year olds. The program is located in a low-income, minority urban area where it is estimated that 40 percent of the youths have abusive drinking patterns. The agency was previously operating an alternative high school, a drug rehabilitation program, and services for pregnant teens. The program regularly serves from 100-125 clients on an outpatient basis. The services offered are referral for medical problems or detoxification, individual or group counseling, family therapy, recreation, vocational guidance, and remedial education. The bulk of the services are delivered in a group setting at the day and night Center. This Center offers an alternative to the clients old social matrix. Paid client participants are used as peer group leaders as well as for outreach, recreation, and other activities. The program has an education specialist whose task is to implement alcohol education programs both in schools and the community.

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[13] Kalton, Marilyn; Dwarshuis, Louis; Gorodezky, Michael; and Dasber, Anne. Innovative Approaches to Youth Services, Madison, Wisconsin; Stash Press, 1973.

- Outpatient - Marin Open House, Inc., operates in suburban, affluent San Rafael, California. The program has recently expanded its drug counseling services to include alcohol abusers aged 16-30 who are socially or economically handicapped because of their problem. Their outreach services extend to three free clinics and an honor farm of the Department of Corrections. The bulk of the services deliverd are individual and group counseling. The program is experimenting with combined treatment of drug and alcohol and polydrug abusers. Youth and family services are offered in a separate facility near the high school, and a vocational service sponsors several sheltered workshops. Marin Open House has offered an experimental curriculum on self-reliance in a continuation high school. They sponsor a Wilderness Project as an alternative and clients may participate in a training program to become an unpaid Treatment Counselor Aide.

TOOLS FOR GETTING STARTED

The programs described in this guide are not an exhaustive listing of projects. They are meant to be an introduction to what various groups and agencies are doing in an effort to reduce alcohol abuse among young people. Exploring your community can turn up similar programs as well as energetic workers with innovative ideas who would like to work with others to expand services for youths. If an organization is interested in beginning a youth program, a copy of The Community Information Guide for Alcohol Programs will be helpful in defining and assembling pertinent data. If funding is needed

for the project, The Foundation Guide contains vital information on possible funding strategies and sources. This guide is available from the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Maryland 20852.

APPENDIX

PROGRAMS

Community Education

Lena DiCicco
Alcohol and Drug Abuse Prevention Program
CASPAR, Inc.
Cambridge Hospital
1493 Cambridge Street
Cambridge, Massachusetts 02139

Affective Skills Development

Jerry Glashagel
Akron YMCA
80 West Center
Akron, Ohio 44308

Alternatives

David Bauer
Holland Patent Central School District
Holland Patent, New York 13354

Curriculum Development and Teacher Training

Clay Roberts
ISD 110 Alcohol Education Curriculum Project
100 Crocket Street
Seattle, Washington 98109

Peer Counseling

Don Samuels
Substance Education Program
Dade County Public Schools
1410 N.E. 2nd Avenue
Miami, Florida 33132

Robert North
Boys Harbor
19 East 94th Street
New York, New York 10028

Residential Treatment

Frank Young
St. Louis County Welfare Department
422 West 3rd Street
Duluth, Minnesota 55806

Drop-In Center

Harold Menefe, Jr.
Ft. Greene Community Corporation
205 Ashland Place
Brooklyn, New York 11217

Outpatient Treatment

Edmund Menken
Marin Open House, Inc.
1466 Lincoln Avenue
San Rafael, California 94901